

ARTICLE 5

SECTION 15

MISCELLANEOUS CONTINUING ELIGIBILITY PROGRAMS

1. CONTINUED ELIGIBILITY PROGRAM FOR PREGNANT WOMEN AND DEEMED ELIGIBILITY FOR INFANTS UNDER AGE ONE

A. Background

The Federal Omnibus Budget Reconciliation Act (OBRA) of 1990 requires states to provide Continued Eligibility for pregnant women and Deemed Eligibility for infants up to age one. The Federal law required that to qualify for the Continued Eligibility, a pregnant woman must be "eligible for and receiving" Medi-Cal benefits. For pregnant women who are eligible to Medi-Cal with a share-of-cost (for pregnancy-related services), this means the pregnant beneficiary must have met her share-of-cost at least once during her pregnancy and the share-of-cost must be met, either prior to or in the same month as the income increase, in order for her to qualify for Continued Eligibility.

Under the Continued Eligibility for pregnant women program, pregnant women who have applied and been determined eligible for Medi-Cal, including the Income Disregard Program, will remain eligible for pregnancy related services at the same or a lower share-of-cost or zero share-of-cost throughout their pregnancy and until the end of the 60-day postpartum period regardless of any increases in their family income.

Under the Deemed Eligibility Program infants born to mothers who received Medi-Cal in the month of birth are automatically deemed eligible until their first birthday provided they continue to live with their mother and the mother remains eligible for Medi-Cal or would remain eligible if she were still pregnant. The infant is to be aided in the same aid category as the mother, with the following exceptions:

1. The infant is eligible to full-scope coverage even if the mother received restricted benefits.
2. Infants of SSI mothers must be approved for the Income Disregard Program unless other family members want Medi-Cal and there would not be a delay in approving the benefits for the infant.
3. Infants who do not have deprivation, but are born to mothers receiving Section 1931(b) are to be evaluated for the Medically Indigent (MI) Program. If the infant would have a SOC, or is property ineligible, then the worker must evaluate under the Income Disregard/Asset Waiver Program.

B. Implementation Date

The County implementation date for this program is September 1, 1991, with retroactive eligibility to January 1, 1991.

C. Affected Groups

All Medi-Cal eligible pregnant women and infants up to one year of age will be affected by this new program, including persons eligible for:

- 1) Income Disregard or the Asset Waiver Provision who have an increase in income over 200% of the federal poverty level; or
- 2) Medi-Cal as MN or MI who have an increase in income which increases their share-of-cost; or
- 3) Public Assistance (PA) or other PA and an increase in income causes the cash case to close; or
- 4) No share-of-cost cash based Medi-Cal (Aid Codes 38, 39, 54, 59); or
- 5) Infants whose mothers received Minor Consent Medi-Cal in the month of birth; or
- 6) Infants whose mothers received restricted benefits in the month of birth. These Deemed Eligible infants are eligible to full-scope benefits.

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D. Eligibility Of Infants Up To One Year Of Age

An infant born to a pregnant woman eligible for and receiving Medi-Cal (zero SOC or met her SOC) in the month of delivery is automatically deemed eligible for Medi-Cal for the first year of life. A separate Medi-Cal application is NOT required to add the infant to the Medi-Cal case even if the mother loses eligibility or is no longer eligible after the 60-day postpartum period. The worker must obtain sufficient information to determine Deemed Eligibility without a new application. This includes situations where the worker is notified later about the birth and the case has closed for any reason, including failure to complete the annual redetermination. Sufficient information includes, the infant's name, gender, date of birth, and documentation that the infant lives with the mother. For example, this documentation can be a comparison of the address on the MC 330 (Newborn Referral Form) and the case record. If there is a discrepancy, a phone contact with the mother to verify the correct address is sufficient as long as there is no other evidence to cause a discrepancy. Narrate the contact. Deemed Eligibility is determined is to be approved as long as the infant meets the requirements and the information received regarding the infant's birth can be connected with the mother's record. The infant will remain Medi-Cal eligible for a period of one year from the date of birth at zero SOC or the original SOC (if the mother had a SOC) despite any income increases or failure to complete the annual redetermination so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant. The infant should be aided in the same program as the mother, but will receive full-scope benefits. **This eligibility continues even if the mother fails to complete the annual redetermination, if otherwise eligible.**

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NOTE: An infant under one year old whose mother was not eligible for and receiving Medi-Cal in the month of delivery, is not eligible for the Deemed Eligibility Program unless the mother received retroactive Medi-Cal for the month of delivery.

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E. Case Processing Sequence

A case which includes a pregnant woman or infant under one year old will be processed in the following sequence:

- 1) 1931(b)
- 2) MN/MI Medi-Cal procedures;
- 3) Sneede (if applicable);
- 4) Income Disregard/Asset Waiver Provision;
- 5) Continued Eligibility for pregnant women/Deemed Eligibility for infants; and
- 6) Hunt v. Kizer (if applicable)

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F. Case Processing

- 1) Under Continued Eligibility for pregnant women or Deemed Eligibility for infants, a pregnant woman and/or an infant under one year of age who are eligible under the Income Disregard/Asset Waiver Provision will remain eligible even if there is an increase in family income.

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Example #1 (non-Sneede):

In 11/03, a non-Sneede MFBU includes a pregnant woman, her unemployed husband, their mutual unborn, and their 7-month old infant. The pregnant woman and infant receive benefits under the Income Disregard program. Their MFBUs are as follows:

<i>MFBU #1 (SOC AFDC-MN)</i>	<i>MFBU #2 (Income Disregard)</i>
pregnant woman (full scope)	pregnant woman (restricted)
unborn	unborn
husband	infant under 1 (as an eligible)
<infant under 1 as an ineligible>	

In 12/03, the husband's income goes up to 250% of the federal poverty level.

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Under Continued/Deemed Eligibility, the worker will not consider the amount of the increase in MFBU #2; the increased income will be considered in MFBU #1. The MFBU compositions and aid codes will remain the same. There is no change in the use of medical expenses to meet the share-of-cost in MFBU #1.

Example #2 (Sneede):

In 10/03, an unemployed, unmarried pregnant woman, her boyfriend, their mutual 7 year old child, and their mutual 7 month old infant receive full scope Medi-Cal benefits at zero share-of-cost (aid code 34). She receives \$600 UIB each month.

She reports to the county in 10/03 that she expects to receive a \$3000 inheritance in 11/03. This is in addition to her \$600 UIB. (No one else has income; assume the MFBU is property-eligible.) The worker will determine the 11/03 share-of-cost under the Medi-Cal-Only program first:

\$3,000	inheritance
<u>+ 600</u>	UIB
\$3,600	total nonexempt income
<u>-1,259</u>	MNIL for 5 (pregnant woman, boyfriend, unborn, 2 mutual children)
\$2,341	SOC

Since there is a share-of-cost and the MFBU includes an unmarried couple with mutual children. Sneede procedures apply.

Sneede Procedures

\$3,000 (\$3,600	Pregnant woman's total net, nonexempt income
less \$600 Gamma)	(herself, the mutual infant, the mutual 7 year old)
divided by 3, =1,000	<u>Sneede</u> allocation to herself and her two children

Mini Budget Unit #1

Mother	\$1,000	income
& Unborn	0	income
	<u>-750</u>	MNIL
	\$ 250	SOC

Mini Budget Unit #2

Unmarried Father	0	nonexempt income
	<u>-600</u>	MNIL
	0	SOC

Mini Budget Unit #3

Infant	\$1,000	allocation from mom
7-yr old	<u>+1,000</u>	allocation from mom
	\$2,000	total net nonexempt income
	<u>- 550</u>	MNIL (2 kids, 2 parents)
	\$1,450	SOC

Since the 7-year-old's MBU has a SOC, the county will evaluate eligibility under the 100 percent program:

Next Nonexempt Family Income:	\$3,600
Compare to 100% FPL (2003) for family of 5:	<u>-1,795</u>
	\$1,805 excess income

Since both the infant's and the pregnant woman's mini budget units have a share-of-cost, the county will evaluate them under the Income Disregard Program:

Net Nonexempt Family Income:	\$3,600
*Compare to 200% FPL (2003) for family of 5	<u>-3,590</u>
	\$ 10 excess income

Since neither the infant nor the pregnant woman are eligible for the Income Disregard program and they both had zero share-of-cost in the prior month, they will continue to receive zero share-of-cost under Continued/Deemed Eligibility despite the increase in family income (for the pregnant woman, this applies only to her pregnancy related services).

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Since there are no other eligibles in the pregnant woman's mini budget unit, the county will aid her under the Income Disregard program at zero share-of-cost for her pregnancy related services. The increased income will still be considered in determining her share-of-cost for non-pregnancy related services.

However, since the infant's mini budget unit includes an eligible person who is not covered under Deemed Eligibility, the worker will show the infant as an ineligible person in the MFBU and in MBU #3, and establish a second MFBU as follows:

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MFBU #2

<Unmarried Pregnant woman>
<Unmarried Father>
<Mutual 7-year old child>
Infant - the only eligible person in this MFBU

In this MFBU, the county will show the same income as in 10/03 (i.e., the pregnant woman's \$600 UIB) and the infant will receive his/her Medi-Cal at zero share-of-cost. The infant's medical expenses may be used to meet the share-of-cost in MBU #3 (in the first MFBU) if the provider does not bill the expense to Medi-Cal under the zero share-of-cost card in MFBU #2.

- 2) Under Continuing Eligibility for pregnant women or Deemed Eligibility for infants, a pregnant woman and/or an infant under one year of age who are eligible under the MN/MI program with a share-of-cost (income over 200% of the Federal Poverty Level) will remain eligible at the same share-of-cost when there is an increase in countable income. In this situation, a new MFBU would be set up for the pregnant woman and/or infant under one year old if there are additional MFBU members.

Example:

The MFBU includes a pregnant woman, her unemployed husband, their mutual unborn, and an infant under one year old. They receive Medi-Cal under aid code 37. The MFBU had a \$700 share-of-cost in 11/03 (the pregnant woman and the infant did not qualify for the Income Disregard program due to excess income). In 12/03, the pregnant woman receives state disability insurance (SDI) and timely reports the income increase to the county.

In December 2003, the worker will establish two MFBUs using the same aid codes in both MFBUs as follows:

MFBU #1 (Continued/Deemed Eligibility) MFBU #2 (regular AFDC-MN)

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Pregnant woman	<Pregnant woman as an ineligible>
unborn	unborn
infant under one	<infant under one as an ineligible>
<husband as an ineligible person>	husband

\$700 share-of-cost

Increased SOC to \$1000

Since all the MFBU members were listed in both MFBUs, their medical expenses may be used to meet both shares-of-cost. The worker will ignore the increase in income for MFBU #1 and compute the SOC based on the prior month's lower income. In MFBU #2, the worker will recompute the share-of-cost using the increased family income.

- 3) Under Continuing Eligibility for pregnant women or Deemed Eligibility for infants, a pregnant woman and/or an infant who are discontinued from a cash grant and cash-based Medi-Cal (PA) due to an increase in family income, will be evaluated first under the Medi-Cal only programs to see if they qualify without a share-of-cost. If a share-of-cost exists, they will be aided under the Income Disregard program.

Example:

A pregnant woman is eligible for the additional Transitional Medi-Cal program (months 6-12 of TMC). As a result of increased earned family income in excess of 200% of the federal poverty level, there is ineligibility to additional TMC. She will first be evaluated under the various Medi-Cal Only programs, and if a share-of-cost results, the worker will aid her in the Income Disregard program at zero SOC for her pregnancy-related services.

- 4) Under Continuing Eligibility for pregnant women or Deemed Eligibility for infants, a pregnant woman and/or an infant who are eligible for other PA Medi-Cal (Edwards, aid code 38). At the conclusion of Edwards eligibility, they will be evaluated under the Medi-Cal only programs. If a share-of-cost exists, they will be aided under the Income Disregard program.

G. Treatment Of Income And Property

- 1) Unmarried Father

Changes in income or property of the unmarried father will not affect the pregnant woman regardless of whether the unmarried father wants Medi-Cal benefits for himself or his mutual or separate born children. After the infant is born, the infant's eligibility is tied to the mother's eligibility. The unmarried father's income will not affect the infant until the infant attains age one so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant. If the newborn's father and/or the other mutual children also want aid and there is a SOC or excess property, Sneede procedures will apply. However, there will be no parental allocation from the father to the infant during the period of Deemed Eligibility; only the mother's income, before any increases, will be allocated to the infant.

Example:

A baby boy is born to unmarried parents. Father receives lottery winnings in the month of baby's birth (10/03). Father's winnings are considered income in the month received and property if the winnings are retained into the following month.

Father's winnings (whether treated as income or property) will not affect unmarried mother's eligibility. Therefore, baby remains eligible. Father's winnings will not affect baby's eligibility or SOC until he attains age one as long as he continues to live with his mother, and the mother remains eligible for Medi-Cal, or would remain eligible if she were still pregnant.

2) Husband

Increases in the husband's income will not affect the pregnant woman's SOC until the end of the 60-day postpartum period; nor will increases in the husband's income or property affect the newborn's SOC through the end of the month in which the child turn one year of age, so long as the infant continues to live with the mother despite any increases in income or the failure to complete the annual redetermination as long as the mother otherwise remains eligible for Medi-Cal or would have remained eligible if she were still pregnant.

Example:

A baby girl is born to married parents. Father receives lottery winnings in the month of baby's birth (12/03). In accordance with the Deemed Eligibility procedures, father's winnings would not affect either mother's or baby's SOC or income eligibility to the Income Disregard/Asset Waiver programs. Even though the winnings, if retained, convert to property in the month following the birth month, the winnings do not affect the mother's eligibility. Therefore, baby also remains eligible through the first birthday since the mother was eligible in the month of birth.

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3) Pregnant Woman or Mother of Infant Under One Year of Age

Regardless of whether the pregnant woman is married, increases in her income will not affect her own SOC for pregnancy-related services through the 60-day postpartum period; nor will it affect her infant's SOC through the month of attainment of age one, so long as the infant continues to live with the mother despite any changes in income or failure to complete the annual redetermination as long as the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant.

Example #1 (Income):

A Medi-Cal eligible pregnant woman has income at 150 percent of the federal poverty level (FPL), therefore, she is eligible for the Income Disregard Program with no SOC for pregnancy-related services and has a SOC for full-scope services. During her pregnancy, she receives an increase in income to 250 percent of the FPL. Prior to the Continued Eligibility program, she would have been discontinued from the Income Disregard program and required to pay a SOC for her pregnancy-related services. However, under the new Continued Eligibility program, her income increase is disregarded and she continues on the Income Disregard program with a zero SOC for her pregnancy-related services until the end of her 60-day postpartum

period and her SOC for full-scope services is increased accordingly. At the end of the 60-day postpartum period, her eligibility for full-scope services would be redetermined, and if eligible, she would continue with the SOC. It should be noted that her newborn would continue to be eligible for Medi-Cal for up to one year without a SOC, because under the federal law if the mother were still pregnant, the income increase would have been disregarded. Therefore, the infant is allowed the same income disregard as long as the infant continues to live with the mother, and despite any increase in income or failure to complete the annual redetermination as long as she otherwise remains eligible, or would remain eligible if she were still pregnant.

Example #2 (Property):

A single mother receives lottery winnings in the month of her infant's birth. In accordance with the procedures established for Continued Eligibility, the mother's winnings are disregarded as increased income for her pregnancy-related services only and would not affect either her or her baby's SOC or income eligibility to the Income Disregard program. If this income converts to property in the two months during her 60-day postpartum period, both mother and baby remain eligible. If the regular Medi-Cal case is discontinued because the family exceeds the Medi-Cal property limits, eligibility under the Income Disregard Program-Asset Waiver provision will be determined.

4) Income Disregard Program-Asset Waiver Provision

If a client is determined eligible to the Asset Waiver Provision and Continued/Deemed Eligibility, the Income Disregard case will remain active if income increases over 200% of the FPL. If income decreases and there is still excess property, the Income Disregard case will remain active.

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Example #1:

A six-month old baby is active on the Income Disregard Program-Asset Waiver provision and also eligible to Deemed Eligibility. In January 1992, the family received property worth \$80,000. The interest income from this property increases the family's income to 250% of the Federal Poverty Level. There is still eligibility to the Asset Waiver Provision because income increases are not counted for Deemed Eligibility.

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Example #2:

A pregnant Medi-Cal beneficiary has a bank account with \$10,000. Her income is 195% of the poverty level in January, 1992. She is eligible to the Income Disregard Program-Asset Waiver provision, she loses her job and now she has no income. She shall remain active to the Income Disregard Program case. Beneficiaries who are eligible to the Asset Waiver Provision and have excess property will remain eligible regardless of any income changes.

H. Social Security Number

- 1) A social security number is not required for an infant up to one year old who was born to a woman who was eligible for and receiving Medi-Cal in the month of delivery until the age of one year. When the infant is eleven months old, a worker alert will be generated on MEDS. At this time, the worker must inform the mother to obtain a Social Security number because the infant's SSN is required by the age of one year. If the mother fails to produce the SSN for the infant after the age of one year, the standard discontinuance procedures must be followed.
- 2) Infants born to a woman not receiving Medi-Cal are required to meet the full requirements of eligibility and are required to supply a SSN at the time of application.

I. Infants One Year Of Age

Once an infant reaches the age of one, Deemed Eligibility is terminated. In order to add the one year old child to the ongoing case, workers will follow the procedures of "Adding Newborns" listed in Article 4, Section 2.13 A & B.

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J. Break In Aid

1) Continued Eligibility for Pregnant Women

If for any reason the pregnant woman is no longer eligible for Medi-Cal, Continued Eligibility no longer exists. If the woman reapplies, she must be reevaluated for Medi-Cal eligibility. Once a pregnant woman's Medi-Cal eligibility has been reestablished, Continued Eligibility will apply from that point on, and any subsequent increases in income would be disregarded.

2) Deemed Eligibility

Deemed Eligibility ends only if the infant stops living with the mother or the infant moves out of state. If the infant stops living with the mother, evaluate if the child is eligible for CEC prior to taking any negative action. If the mother reapplies, the infant would not be eligible to Deemed Eligibility. The normal application process would apply.

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K. Retroactive Eligibility

Continued Eligibility begins "the month of application." There is no Continued Eligibility during the three-month retroactive eligibility. Workers should establish the share-of-cost for each retroactive month in which coverage is requested.

If a mother applies for Medi-Cal only for the retroactive period, which includes the birth month, the worker must first evaluate the mother's eligibility. If the mother is determined to be eligible with zero SOC, or with a SOC that was met, then the infant is determined to be Deemed Eligible as of the birth month. Deemed Eligibility Medi-Cal would be granted for the infant back to the birth month. Ongoing eligibility would also need to be determined if there were any instances between the birth month and the application month where the infant did not reside with the mother.

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L. Minor Consent Women

A Medi-Cal eligible pregnant minor is eligible for the Continued Eligibility program. If a minor is receiving services for pregnancy under the Minor Consent program, Continued Eligibility may apply whether she has a share-of-cost or zero share-of-cost. The only difference is, if the woman has a share-of-cost, she is required to meet her share-of-cost at least once during her pregnancy, either prior to or in the same month as the income increase, in order for her to qualify for Continued Eligibility.

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M. Infants Born to Minor Consent Women

The Minor Consent program for pregnancy (aid code 7N) is now a federal program, so infants born to women receiving benefits under the 7N aid code will be deemed eligible for Medi-Cal. The mother is not required to obtain a Social Security number and a statement of citizenship for the infant (and a Medi-Cal application is not required). The infant is exempt from income increases under Deemed Eligibility for the first year of his/her life.

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N. Three Generation Households

For situations in which a minor mother is residing with her parent(s) and has a Deemed Eligible infant, the infant cannot be added to the senior parent's case. In this situation (i.e. most recent MC 210, verification of minor mother's income and property, etc.), a new case in the minor mother's name must be opened. Supporting information that shows that the minor mother is eligible to Medi-Cal, or would remain eligible to Medi-Cal were she still pregnant, must be copied from the senior parent's case and filed in the minor mother's case. A new application is not required to activate the infant to Deemed Eligibility.

NOTE: There is no deeming from the minor mother's parents to their grand child.

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O. Newborn Referral Form

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The Newborn Referral form (MC 330) is used in order to expedite reporting of births of newborns and to promote the timely issuance of the newborns' Medi-Cal cards. Medi-Cal providers who serve Medi-Cal eligible women can complete this form. This includes but is not limited to clinics, hospitals, urgent care centers, WIC centers, independent nurse-midwives, outreach workers, and others acting on the mother's behalf. When a newborn is delivered, the provider shall, with the written consent of the newborn's parent or guardian, complete and send the Newborn Referral form to the Public Assistance Information (PAI) unit to be cleared and sent to the current worker. Written consent is satisfied by the signature of the parent, relative, or guardian in Section C of the MC 330. If the parent or guardian prefers, he/she may send the form directly to PAI or the worker. This form may also be faxed to the county.

NOTE: The Newborn Referral form is not a required form and is not considered a substitute for the SAWS1 or an application for a new Medi-Cal case.

1) When PAI receives the Newborn Referral form, it will:

a) Check the form for a SSN or Medi-Cal ID.

- b) Clear the number on MEDS and the SS Index for an active Medi-Cal case.
 - c) Even if there is no currently active case, clear MEDS and CDS to see if the mother received Medi-Cal in the month of birth.
 - d) If there is an active case, or the mother received Medi-Cal in the month of birth, forward the Newborn Referral form to the current worker.
 - e) If there is no active case on MEDS, PAI will contact the mother to verify that the correct information is on the form. If the information is correct, PAI will ask if the mother has completed an application for Medi-Cal. If no application has been submitted, then PAI is to begin the Mail-In Medi-Cal application process.
- 2) When the worker receives the Newborn Referral form, phone call, or note the worker will:
- a) Consider it notification of the birth of the unborn.
 - b) Add the newborn to the case. If necessary information is missing, follow SB 87 rules for obtaining the information.
 - c) Although not required, the worker may also send a reminder to the parent to apply for a Social Security card for the newborn before the child reaches the age of one.
 - d) File the form in the case.
 - e) The newborn should be added to the case as quickly as possible and no later than 10 days after the notification of the birth by the county for an active case, and no later 45 days after the notification of the birth was received by the county for a closed case.

P. Deemed Eligibility Infant Enrollment Through the Child Health and Disability Prevention (CHDP) Gateway Program

An infant will be automatically enrolled through the CHDP Gateway Program as deemed eligible if the infant was living with the mother in the birth month and the mother was eligible to Medi-Cal under a federal aid code, either zero SOC Medi-Cal or SOC Medi-Cal and the SOC was met. When a deemed eligible infant is enrolled through the CHDP Gateway:

- The infant receives immediate full-scope Medi-Cal that will continue until the infant is added to the mother's case; and
 - The parent is not required to complete a Medi-Cal/Healthy Families application for the infant to be evaluated for ongoing Medi-Cal.
- 1) MEDS alerts and reports:
- a) A daily MEDS alert will provide notification when a deemed eligible infant is enrolled through CHDP Gateway. The mother's Client Index Number (CIN) will be included in the alert.
 - b) Deemed eligible infants that are not activated on the mother's case within 60 days will be identified on an Exception Eligible (EE) report.
 - c) Deemed eligible infants that are not activated on the mother's case by the time the infant is 11 months old will be identified on a renewal MEDS alert.

Note: Worker number "DEEM" will print on the alert or EE report if the mother's MEDS record does not include a worker number.

- 2) Worker action to activate deemed eligible infant in CDS and MEDS retroactively back to the month of birth:
 - a) Upon receipt of daily MEDS alert identify mother's case and determine if the infant has met the deemed eligibility criteria up to the current month;
 - b) Add infant to the mother's case if case is active;
 - c) Reopen mother's case if closed and activate infant;
 - d) Report eligibility to MEDS beginning with the birth month.

- 3) Managed care enrollment of deemed eligible infant if mother is enrolled in managed care:

Workers must expedite the ongoing Medi-Cal evaluation and conversion so that the infant may be automatically enrolled in the mother's managed care plan as quickly as possible. Infants will remain in fee-for-service until the ongoing Medi-Cal evaluation is completed.

- 4) CHDP Gateway deemed eligibility aid codes:

8U - Full scope, zero SOC

8V - Full scope, SOC (will not reflect as certified on MEDS, even if mother has met the SOC, until the infant's record is linked to the mother's).

Note: Infants identified in MEDS as currently enrolled in accelerated enrollment (8E) may be granted deemed eligibility through the CHDP Gateway. The 8U eligibility will overlay 8E eligibility.

- 5) Discontinuing 8U aid code in MEDS:

When reporting the deemed infant's ongoing eligibility to MEDS, the worker must match the infant's 8U/8V MEDS record in order to properly discontinue the temporary benefits. Temporary benefits will discontinue at the end of the month in which the approval action is taken. Deemed eligibility cannot be retroactively denied. Workers must activate infant and then discontinue with timely notice of action.

- 6) Notice of discontinuance of 8U:

Workers must send Automated Letter (AL) 923 to advise parent when the 8U eligibility will end.

- 7) Questions and answers:

Please refer to Appendix G for answers to frequently asked questions regarding CHDP Gateway deemed eligibility.

2. CONTINUOUS ELIGIBILITY FOR CHILDREN

A. Background

Federal law authorizes states to implement Continuous Eligibility for Children (CEC) based on the enactment of AB 2900. Effective January 1, 2001, California Department of Health Services (CDHS) has established CEC for children up to the month of their 19th birthday. The CEC period begins with eligibility to a zero-share-of-cost (SOC) Medi-Cal program. The CEC period ends in the month of redetermination or the month the child turns 19, whichever comes first. Under CEC, adverse changes in income, resources or family composition, which move a child from a zero-SOC category to a SOC category or from zero-SOC eligibility to ineligibility, are to be disregarded during the CEC period. Appropriate adverse action **should** be taken if the following changes to a CEC eligible child occur:

- death,
- incarceration,
- whereabouts unknown,
- loss of California residency,
- client request, or
- the end of another 12-month continuous eligibility program (see Section 2.G, below).

Note: CEC does not eliminate the beneficiary's 10-day reporting responsibility.

B. CEC Eligibility Criteria

CEC eligible persons are children who are:

- under 19 years through the month of their 19th birthday;
- not receiving State-Only Minor Consent Services; and
- eligible to zero-SOC Medi-Cal prior to an adverse change (other than death, incarceration, whereabouts unknown, loss of California residency or client request) resulting in SOC Medi-Cal or termination of benefits.

Note: CEC cannot be based on zero-SOC eligibility in another continuing eligibility program such as Transitional Medi-Cal (TMC), Aid Code 38, or the Bridging Program. Children eligible to any other zero-SOC program will receive Medi-Cal through that program and not through CEC. Deemed Eligibility and CEC have different provisions. They may run concurrently in one or more months as long as each set of requirements are met. For example, if the mother moves out of the home, Deemed Eligibility ends, but CEC would continue.

Children who are receiving zero-SOC Medi-Cal and move out of their parent's home, but whose whereabouts are known, should be evaluated for potential CEC benefits. This includes situations where the CEC child's whereabouts become known after the family's case is closed. In that situation, the child's remaining CEC period would resume.

C. CEC Period of Eligibility

1) CEC Period

The CEC period runs from the first month of initial ongoing eligibility or the first month of the new redetermination period and ends with the annual redetermination (see section D below, which addresses the impact of 3-month retroactive eligibility on the CEC period). During this period, the child **may or may not** be CEC eligible.

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2) CEC Guaranteed Period

A child must be eligible to zero-SOC Medi-Cal to be eligible to CEC. Non-cooperation with the eligibility process resulting in an incomplete eligibility determination for the child will prevent the child from eligibility to CEC. This includes situations where a parent fails to provide a Social Security number within sixty days when the child has been granted Medi-Cal benefits pending its receipt. The CEC guaranteed period begins with the first month of zero-SOC Medi-Cal and ends with the annual redetermination unless the guaranteed period is based on a retroactive month. The first month of zero-SOC Medi-Cal does not have to be at initial eligibility or at redetermination. If any adverse changes occur during the CEC guaranteed period, other than the exceptions previously mentioned, they are to be disregarded for the children.

The CEC guaranteed period is within the CEC period, but must begin with a zero-SOC month. For example, an annual redetermination is conducted in April 2001 and results in a SOC beginning May 2001. May 2001 through the date of the next annual redetermination is the CEC period. The family is given SOC Medi-Cal until a decrease in income is reported in July 2001, which makes the family eligible to Section 1931(b). July 2001 through the date of the next annual redetermination is the CEC guaranteed period. The family reports an increase in income and is determined eligible to SOC Medi-Cal in November 2001. The children will continue receiving zero-SOC Medi-Cal, through CEC, until the next annual redetermination, which ends their guaranteed period.

D. CEC Master Family Budget Unit (MFBU) Composition

Children protected from adverse changes by CEC will be placed in their own FBU. If more than one child is eligible to CEC, they may remain together in one FBU. If other family members remain eligible to SOC Medi-Cal, the children eligible to CEC will be included as ineligible members of the family's MFBU and coded with an "M" PC code.

Note: Children who meet the definition of a deprived child and who are receiving zero-SOC Medi-Cal through a CEC FBU, will link their parents to the 1931(b) Program.

E. CEC Eligibility Procedures

1) Medi-Cal Only Eligible Children

- a) If an adverse change in income, property or family composition is reported during a CEC period resulting in a SOC or ineligibility, it is to be disregarded until the end of the month in which the child turns 19 or the date of the annual redetermination. **CEC does not apply to adverse changes as a result of information received at the annual redetermination.**

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Example 1: A two-parent/one-child household applies for Medi-Cal on 01/04/01 and is determined eligible to SOC Medi-Cal as of 01/01. In 02/01, the household reports a decrease in income and the child becomes eligible to the 133% Program. The child's CEC guaranteed period begins 02/01. In 06/01, the household reports an increase in income which makes the child financially ineligible to the 133% Program. However, the reported change does not affect the CEC child. The child will remain eligible to zero-SOC Medi-Cal, through CEC, until the next redetermination date.

- b) If an adverse change in eligibility is reported during a CEC period that causes the child to be eligible to a different zero-SOC Medi-Cal Program, the worker should make the change.

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Example 1: A child and his family are eligible to 1931(b) as of the application date of 03/01/01. The household reports an increased income in 08/01, which causes the family to be ineligible to 1931(b), but eligible to Transitional Medi-Cal (TMC). It is appropriate for the child to be moved to TMC with the other family members rather than being aided with a CEC aid code.

- c) If a child is protected by CEC in a Medi-Cal Family Budget Unit with other family members who are not protected, reported income changes must be acted upon for other family members.

Example 1: A family with two parents, a seven-year-old child and nineteen-year-old child are approved for zero-SOC Medi-Cal under the Medically Needy (MN) Program as of 03/01/01. The seven-year-old's CEC guaranteed period begins 03/01. The family reports a large increase in income so that the only program that the parents and older child remain eligible to is the MN-SOC Program. The seven-year-old remains eligible to zero-SOC Medi-Cal, through CEC, until the annual redetermination. The child will become an ineligible member of the family's MFBU with a PC Code of M. A new FBU will be opened for the child and the new FBU's redetermination date must be aligned with the family's redetermination date.

2) Cash-Based Medi-Cal Eligible Children

If children are eligible to zero-SOC Medi-Cal based on their eligibility to a cash program such as California Work Opportunity and Responsibility to Kids (CalWORKs), Foster Care (FC) or Supplemental Security Income (SSI), they are

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also protected under CEC. Children who are discontinued from a cash program due to death, incarceration, whereabouts unknown, loss of California residency and client request will not be eligible to a CEC evaluation.

a) Discontinued CalWORKs Children

Example 1: A ten-year old child is receiving zero-SOC cash based Medi-Cal, along with his/her mother and father as a recipient of CalWORKs. The family becomes ineligible to CalWORKs and converts to continuing Medi-Cal. The guaranteed CEC period begins with the latest CalWORKs eligibility determination (application month or last renewal, whichever was within the last 12 months) and ends with the month the CalWORKs renewal would be due.

- If an ongoing Medi-Cal determination is based on information from the CalWORKs case and the determination results in SOC Medi-Cal, the ten-year-old will continue to receive zero-SOC Medi-Cal through CEC until the annual CalWORKs renewal date while the parents receive SOC Medi-Cal.
- If the ongoing Medi-Cal determination results in zero-SOC Medi-Cal, the ten-year-old and parents will be placed in the appropriate zero-SOC aid codes.
- If the CalWORKs case closed for failure to renew, the guaranteed CEC period is over and the child is not entitled to a CEC evaluation.

b) Discontinued FC Children

Example 2: A child is discontinued from FC benefits. The guaranteed CEC period begins with the latest FC eligibility determination (application month or last renewal, whichever was within the last 12 months) and ends with the month in which the next **annual** redetermination would be due. CEC does not use a 6-month period so the 6-month FC renewal date would not be used in the CEC evaluation. Documentation from the FC cash case includes copies of the SAWS 1, FC2 and SOC158A. Documentation from the FC Medi-Cal case includes copies of the SAWS 1, MC13 and MC 250. Documentation will be placed in the CEC Medi-Cal case. The Foster Care worker must narrate the last known address and phone number of the child and new placement information, if known, for the continuing Medi-Cal case. **Children discontinued from FC who are eligible to the Former Foster Care for Children (FFCC) Program will be placed in that program and not evaluated for CEC.**

- FC discontinued children will be evaluated for any other zero-SOC aid code and placed in that aid code if determined eligible. Any adverse changes in income, resources or family composition will be disregarded if they occur prior to the end of the guaranteed CEC period.
- FC discontinued children will be aided through the CEC guaranteed period if we are unable to determine eligibility to any other zero-SOC aid code (and whereabouts are known).

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c) Discontinued SSI Children

CEC guaranteed period

The guaranteed CEC period begins with the last determination of SSI eligibility and ends 12 months later. Workers can find the last determination of SSI eligibility by checking the SSI RV-COMP date on the MEDS INQM screen or the "Date of Last Redetermination" on IEVS. If there is no redetermination date reported by SSI on these screens, the worker must:

- Contact SSA and request the last redetermination date.
- Narrate the contact and response.
- If there is no response from SSA within 30 days of the initial contact, the worker must assume that the SSI discontinuance date is the date of the SSI annual redetermination and, therefore, assume that the CEC period has ended.

An SB 87 evaluation is completed and the child is evaluated for any other zero SOC program, including the Aged & Disabled Federal Poverty Level Program.

- If the child is not determined eligible for CEC and is not eligible to any other zero SOC programs or eligible with a SOC, a notice must be sent stating the date used to determine the CEC guarantee period begin date. The NOA must also state that the family has the opportunity to provide a correct date to the worker. If the family can establish that the child had an SSI RV resulting in eligibility within 12 months of the SB 87 determination, the worker must re-evaluate whether the child was eligible to CEC and take appropriate action.
- If the child is determined eligible to any other zero SOC program the child will be placed in the appropriate zero SOC aid code.
- If the child is determined ineligible to other zero SOC programs or if the child has a SOC, the child will continue receiving zero-SOC Medi-Cal through CEC until 12 months from the SSI RV Date or the end of the month in which the child turns 19, whichever comes first. A limited disability packet must still be sent to the Disability Determination Services Division for these children (see MPG 5-4-6.A).

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3) Deemed Eligibility, Infants Under Age One, Versus CEC

If an infant, born to a Medi-Cal eligible mother, is deemed eligible for full-scope, zero-SOC Medi-Cal for one year based on Deemed Eligibility For Infants Under Age One (see MPG 5-15-1), the Deemed Eligibility takes precedence over CEC.

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F. Retroactive Medi-Cal and CEC

A child's eligibility to zero-SOC Medi-Cal in a retroactive month will trigger a CEC guaranteed period. Since an eligibility determination is completed for each retroactive month, CEC can begin in the zero-SOC retro month. Consideration for retroactive eligibility must be requested for the child(ren) by the applicant or listed on the MC 210 indicating medical expenses during the retroactive period.

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- 1) The CEC guaranteed period, which is based on zero-SOC eligibility in a retro month (child was determined SOC eligible in the application month), begins with the first

zero-SOC retro month and ends one year later before the annual redetermination. Information in the case file will be used to determine the correct SOC for the months between the end of the CEC guaranteed period and the annual redetermination.

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Example: A family applies for Medi-Cal in May 2001 and at the same time applies for retroactive Medi-Cal for February 2001. The child is determined eligible to zero-SOC in February and SOC in May. The CEC guaranteed period begins February 2001 and ends February 2002. Information in the case file will be used to determine whether or not the child has a SOC between the end of the CEC guaranteed period and the annual redetermination.

- 2) A request for retroactive coverage can be made within one year of the month for which retroactive coverage is requested. A late retroactive request and a late CEC eligibility determination changes the eligibility previously determined in the months between the retroactive zero-SOC month and the month in which the request for retroactive coverage was made. If a child is determined eligible for CEC based on a late retroactive request, CEC is applicable for all months in the CEC guaranteed period. See MPG 15-2 for instructions on how to adjust a SOC retroactively.

Example: A family applies for Medi-Cal in May 2001 and has a SOC from May through September. In late September, the family requests retroactive Medi-Cal for March 2001 and the child is determined eligible to zero-SOC Medi-Cal in the retro month. The guaranteed CEC period will begin March 2001 and ends March 2002.

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G. Transitional Medi-Cal (TMC) and CEC

Eligibility to another continuous eligibility program, such as TMC, will not trigger a CEC period. The guaranteed CEC period can only begin with a positive eligibility determination to zero-SOC Medi-Cal. A determination of ineligibility for Section 1931(b) and eligibility for TMC is not a positive determination. CEC may follow a continuous eligibility program if it is based on eligibility to prior zero-SOC Medi-Cal. The following procedures apply regarding CEC and TMC.

- Eligibility to Section 1931(b) begins the CEC guaranteed period, which continues until the next annual redetermination.
- Children eligible to TMC after the discontinuance of 1931(b) will be aided through TMC, not CEC.
- Children who are discontinued from TMC prior to the end of the CEC guaranteed period will continue to receive zero-SOC Medi-Cal through CEC until the end of the CEC guaranteed period.
- Children who are discontinued from TMC after the end of the CEC guaranteed period are not eligible to CEC.
- Children who are discontinued from TMC at the end of the first year of TMC are not eligible to CEC. (The CEC guaranteed period would have ended sometime during the first year of TMC.)

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H. Intercounty Transfers (ICTs) and CEC

Children involved in an ICT are entitled to receive CEC benefits through the end of the CEC guaranteed period. The sending County is responsible for providing sufficient information to the receiving County when a CEC child is involved.

1) Sending County worker will:

- Document the CEC guaranteed period of any children included on the ICT paperwork.
- Provide the name and phone number of last worker of record.
- Will cooperate with receiving worker to provide information requested from the case file.

2) Receiving County worker will:

- Evaluate the incoming ICT for CEC eligible children.
- Ensure that CEC eligible children continue to receive zero-SOC Medi-Cal through the end of the CEC guaranteed period.
- Obtain information from the previous worker if necessary.

I. Annual Redetermination Following a Period of CEC

For children not yet 19 years of age, the CEC period will end at the annual redetermination. Appropriate action must be taken according to the results of the annual redetermination.

- If the child will have SOC Medi-Cal as a result of the redetermination, and is potentially eligible to HF, then the child will receive one month of the Bridging Program prior to SOC Medi-Cal.
- If the child will be totally ineligible to Medi-Cal as a result of the redetermination (Example: A child in a family with excess property whose income rises above the appropriate percent program limit), and is potentially eligible to HF, then the child will receive one month of the Bridging Program prior to discontinuance.
- If the child will remain eligible to one of the zero-SOC Medi-Cal programs, the child will continue to receive zero-SOC Medi-Cal in the appropriate program.
- If the child will have SOC Medi-Cal or will be totally ineligible to Medi-Cal, and the child is not potentially eligible to HF, appropriate action will be taken after adequate notice.

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Note: Normal Bridging Program rules apply. The family's income must be below 250% FPL. Undocumented children are not eligible to the Bridging Program. (See MPG 5-8-12.)

J. Level of Benefits

CEC eligible children who are US Citizens, US Nationals or immigrants with Satisfactory Immigration Status (SIS) will receive full-scope benefits. CEC eligible children without SIS will receive restricted benefits. Two new aid codes have been developed by CDHS for children eligible to the CEC Program. The new aid codes are:

- 7J Full Scope CEC Eligible Child
- 7K Restricted CEC Eligible Child

K. Automation Entries

The CEC Automation Grid (Appendix B) incorporates CEC codes, Notices of Actions and other CEC automation information.

3. FORMER FOSTER CARE CHILDREN (FFCC)

A. Background

The federal Foster Care Independence Act of 1999, enacted in December 1999, authorizes the State to provide continuing Medi-Cal eligibility for all children who are in foster care under the responsibility of the State on their 18th birthday. The eligibility continues until they reach 21 years of age. The law permits waiving any income or asset tests for this population. Anyone eligible for the extended Medi-Cal eligibility under this program is entitled to full-scope benefits, including Early and Periodic Screening, Diagnosis and Treatment Services. This program is effective October 1, 2000.

B. Eligibility Requirements

This program continues Medi-Cal eligibility for individuals who were in foster care under the responsibility of the State on their 18th birthday and it will continue until their 21st birthday regardless of any change in circumstances except residency. They must be California residents to remain eligible for FFCC benefits. A FFCC question and answer desk aid follows this section in MPG Appendix 5-15-C.

To be eligible for this program, persons must have been in:

- aid codes 40, 42, 45, 4C and 5K on their 18th birthday; or
- foster care on their 18th birthday and are still under 21, but have been discontinued from foster care because of their age.

There is no income and resource test for this program, regardless of the beneficiaries' living situation or with whom they reside.

The following people are **not** eligible for this program:

- Children who were in foster care at 100% county expense such as those in aid codes 82 and 83.
- Undocumented alien children (there are no restricted benefits available under this program).
- Incarcerated children.
- Children in residential treatment facilities.
- Minors emancipated and/or discontinued from foster care prior to their 18th birthday.

C. Aid Code

The aid code and aid type for this program is 4M. This is a full-scope aid code with zero share of cost. This group may voluntarily enroll in a Medi-Cal/Healthy San Diego Managed Care Plan. The budget is non-MACB.

D. MFBU Composition

Persons in the FFCC aid code are in an MFBU by themselves. The FFCC person's case must be in his/her name. They are treated as other Public Assistance persons in the MFBU of family members that they live with.

Examples:

- If a FFCC person returns to live with parents who are already Medi-Cal eligible, the parents will continue in their existing aid code and case name and the FFCC person will continue in the new 4M aid code with a case in his/her name.
- If the FFCC person has a child, the child will be determined Medi-Cal eligible based upon program eligibility rules applicable to the child.
- If other family members apply for CalWORKs, the FFCC person will not be affected since the other family members and their eligibility will be determined based on existing program rules. The FFCC person remains in aid code 4M in a budget unit of one, as long as he/she continues to meet the criteria and wishes to maintain Medi-Cal coverage.

E. Order of Evaluation

The FFCC Program is first in the order of evaluation. It is a voluntary program. FFCC persons may choose not to participate in the FFCC Program and/or be included on the MFBU of other family members, if eligible to that program. They may want to do this to reduce the share of cost of a family member. In this case, they must meet the requirements, including providing all information and verifications, of that program. **It is always the (potential) FFCC person's choice to participate in the FFCC Program or not.** Another family member cannot make this decision.

F. Case Processing

Conversion from Foster Care

Foster Care children must be converted to the FFCC Program on their 18th birthday or after, if they are still receiving foster care benefits on their 18th birthday. Foster Care children may still receive foster care benefits after their 18th birthday, if they are enrolled in high school or in a qualifying vocational program.

Foster Care workers will send AL 997 to Foster Care children approaching age 18 at the time they request school verification. The letter will inform potential FFCC persons that they will be entitled to Medi-Cal until they reach their 21st birthday, if they remain in Foster Care until age 18. AL 997 is automatically mailed with the school verification AL 850 and with NOA 041 (age/school requirement not met).

A discontinued Foster Care case automatically rolls over into an Edwards case. At the time the Foster Care case closes, a Foster Care worker will complete a 14-74 HHSA, which contains basic case information needed to process the FFCC case, attach it to the front of the Edwards case and forward both to the Edwards worker. Form 14-74 HHSA is included in MPG Appendix 5-15-D. Neither a statement of facts nor an Edwards packet are required to convert the case from Edwards to FFCC.

The Edwards worker converts the former foster care person to the FFCC aid code and creates a case folder or, if known at the time, another program to which the former foster care person chooses and is eligible. The case is then transferred to a Granted worker.

Intake

When a person 18 to 21 years old applies for Medi-Cal, the worker must determine if the applicant was a former foster care recipient or if he/she previously received FFCC benefits. If so, the person must be evaluated first for potential FFCC benefits and activated, if eligible. FFCC benefits may be issued retroactively back to the child's 18th birthday or the month after foster care benefits terminated, whichever is later, but not prior to October 1, 2000, the date of implementation of the FFCC Program.

Form MC 250A, Application and Statement of Facts for an Individual Who is Over 18 and Under 21 and Who Was in Foster Care Placement on His or Her 18th Birthday, will be given to the potential FFCC applicant for completion. (See MPG Appendix 5-15-E.) If the MC 250A, or any other acceptable statement of facts, is not returned, workers will use the ex parte process, attempt two phone contacts and send adequate notices prior to denying the application for failure to provide. These requests must be narrated in the case file. No other forms/verifications from the applicant are required to grant FFCC benefits. Confirm receipt of qualifying foster care or previous receipt of FFCC benefits and include either a screen print or a previously issued 14-74 HHSA in the case file and narrate.

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Transfer all granted FFCC cases and their companion cases to the Kearny Mesa Family Resource Center where they will be assigned to a specialized caseload.

G. Redetermination

An annual redetermination must be completed for FFCC. Workers will send MC 250A to the FFCC Medi-Cal beneficiary at redetermination. If the MC 250A is not returned by the FFCC beneficiary, workers will use the ex parte process, attempt two phone contacts and send adequate notices prior to discontinuing benefits for failure to provide. These requests must be narrated in the case file. A redetermination for a FFCC beneficiary consists of a written confirmation of:

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- the FFCC person's current address and phone number (if available); and
- whether or not he/she has other health care coverage.

Use Automated Letter 747 to generate the MC 250A form when processing a redetermination. If AL 747 is returned incomplete, workers will clarify information over the phone and narrate.

H. Discontinuing a FFCC Beneficiary

A FFCC person may not be discontinued for failure to provide verifications. The only reasons to discontinue FFCC benefits are:

- the child becomes 21 years old;
- death;
- beneficiary request;

- loss of California residence; or
- failure to return the redetermination form.

Loss of residence must be **confirmed** either by returned mail **with the out-of-state address**, by notification from the FFCC person, CDHS Investigations or other evidence **confirming** an out of state address.

If a person, who chose to be in another program, but is eligible for FFCC benefits, is discontinued from the other program, the FCC benefits must be reinstated.

ICT rules apply to FFCC cases. See MPG 3-2 for ICT procedures. However, since the verification rules are different for FFCC, the forms included in the ICT packet will be limited to the pertinent information in the case file.

I. Outreach

Independent Living Skills (ILS) social workers/staff will perform outreach to FFCC prior to discontinuance of Foster Care in order to make them aware that they are entitled to Medi-Cal benefits until they reach their 21st birthday and inform them of their responsibility to report a change of address to their worker and complete the annual redetermination.

PREGNANT WOMAN AND INFANT UNDER ONE YEAR OLD

CONTINUED ELIGIBILITY DECISION CHART

Prior Month's SOC Determination	Income Increases to	Continued Eligibility Pregnant Woman	Continued Eligibility Infants*
0 SOC (MN/MI OR PA/OTHER PA)	a) At or below MNIL b) Over MNIL but not over 200% c) Over 200%	a) Continue M/C at 0 SOC b) Gets 0 SOC under Income Disregard for preg related svcs & increase SOC for full-scope/restricted svcs c) Gets 0 SOC under Income Disregard for preg related svcs & increase SOC for full-scope/restricted svcs	a) Continue M/C at 0 SOC b) Gets 0 SOC under Income Disregard for same level svcs c) Gets 0 SOC under Income Disregard for same level svcs
Income Disregard	a) At or below 200% b) Over 200%	a) No change on preg related svcs; Increase SOC for full-scope/restricted svcs b) Keep at Income Disregard for preg related svcs; increase SOC for full scope/restricted svcs	a) No change in Infant's SOC b) Keep at Income Disregard for same level svcs
Income Disregard-Asset Waiver Provision	a) Over 200%	a) Keep at Asset Waiver for preg related svcs	a) Keep at Asset Waiver for same level svcs
SOC (MN/MI) Income over 200%*	a) Still over 200%	a) If other family members in MFBU or MBU are not entitled to CE, set up 2 MFBUs. Set up one MFBU for the eligible pregnant woman and unborn for full-scope/restricted services at same SOC and old code. List other family members as ineligible. Increase the SOC for the 2nd MFBU for full-scope/restricted services for the other eligible family members and list the pregnant women as ineligible.	a) If other family members in MFBU or MBU are not entitled to CE, set up 2 MFBUs. Set up one MFBU with same SOC, and show infant as an eligible and the other family members as ineligible. In 2nd MFBU, increase SOC for other MFBU members and show infant as ineligible.

*Increase share-of-cost for other MFBU members (except preg woman's preg related svcs)

APPENDIX B

CONTINUOUS ELIGIBILITY FOR CHILDREN AUTOMATION GRID

The CEC Program will be a non-MACB case on CDS. The grid below defines the BDLM entries for CEC.

FBU	52 (Foster Care M1-M9, N1-N9)
ELIG Screen	
Aid Type	MC-E
RV Due Date	Same as RV date of prior case (except FC cases)
Application Date	Use Current Date
Application Code	100
Positive Action Code	109 (NOA automatically generated)
Positive Action Date	1 st of month of CEC eligibility
Disc. Code - Children Turning 19	046 (NOA automatically generated)
Disc. Code – Any Other Reason	Use regular codes as with any MX case
TICK CASE TO DISCONTINUE CHILDREN TURNING 19 YEARS OLD!!	
PDT1 Screen	
Positive Action Code**	701 – 712
Positive Action Date	1 st of month of CEC eligibility for PN
Participation Code	C
PC Effective Date	1 st of month of CEC eligibility for PN
Aid Code	7J-0, 7K-0

Person level positive action codes of 701 – 712 will function similar to TMC and transmit to MEDS the appropriate number of months remaining in the child's CEC guaranteed period. **Eligibility will automatically terminate on MEDS at the end of the CEC guaranteed period. Children may be activated on the CEC FBU at different times using the positive action code appropriate for the number of months remaining in that child's CEC guaranteed period which ends with the annual redetermination or that child's 19th birthday, whichever comes first, unless the guaranteed period is based on a retroactive month.

Example Case Scenario: A FBU with children, ages 4, 10, and 18. Eighteen-year-old turns 19 in October. The entire FBU becomes eligible to no-SOC Medi-Cal in 01/01 with an annual redetermination due in January 2002. In 04/01 a change in circumstance causes the 10 year-old and 18 year-old to become ineligible or to have SOC Medi-Cal. Another change in circumstance causes the 4 year-old to become ineligible or to have SOC Medi-Cal in 07/01.

Case Actions: If otherwise eligible to CEC, activate the 10 year-old on the PDT1 screen with a positive action code of 710 for the ten months remaining in this child's CEC period, 04/01 – 01/02. Use a positive action date of 04/01/01, PC code of C, with a PC effective date of 04/01/01, and a MC/AID code of 7J0 or 7K0.

If otherwise eligible to CEC, activate the 18 year-old on the PDT1 screen with a positive action code of 707 for the seven months remaining in this child's CEC period, 04/01 – 10/01. This child turns 19 in October. The positive action date, PC code, PC effective date, and aid code would be the same as the 10 year-old. **Tick the case to discontinue this child with timely notice at the end of October, the month he/she turns 19 years old.** Evaluate the 19-year-old for ongoing Medi-Cal eligibility, for the months between the end of the CEC guaranteed period and the annual redetermination, using information from the case file.

If otherwise eligible to CEC, activate the 4 year-old on the PDT1 screen with a positive action code of 707 for the seven months remaining in this child's CEC period 07/01–01/02. Use a positive action date of 7/1/01, PC code of C, PC effective date of 7/1/01, and aid code of 7J0 or 7K0.

The end of the CEC guaranteed period should coincide with the month an annual redetermination is due. Workers will complete automation entries as usual when processing the redetermination. Exception: If a child's CEC guaranteed period ends prior to the annual redetermination the worker will tic the case for the end of the CEC period and determine what Medi-Cal program the child continues to be eligible for, if any. Appropriate entries will be made with timely notice of action.

APPENDIX C

FORMER FOSTER CARE CHILDREN (FFCC) AID CODE 4M QUESTIONS AND ANSWERS

CATEGORY	QUESTION	RESPONSE
IMPLEMENTATION	1. When did this program become effective?	1. The program became effective October 1, 2000.
ELIGIBILITY	<p>1. Are all former foster care children eligible for this program?</p> <p>2. In regard to implementation; if a child was on FC at the time of his/her 18th birthday last year, is that child eligible effective 10/2000?</p> <p>3. Are probation foster care cases eligible?</p> <p>4. Are children who were SSI recipients while in foster care placement eligible for this program?</p> <p>5. If the 18-year-old former foster care child returns to live with his/her natural parent(s), is he/she still eligible for this program?</p> <p>6. If "in receipt of Foster Care" means receipt of any Foster Care service, verification of foster care child welfare services is much more sensitive. Will these cases require a consent form to release information?</p>	<p>1. No. All former foster care children who were in aid codes 40, 42, 45, 4C and 5K on their 18th birthday will be automatically eligible for this program. These aid codes do not include undocumented children, who should be in aid code 58, and may be reevaluated under that aid code for continued eligibility when they reach the age of 18.</p> <p>2. Yes, the child is eligible, but the eligibility may not begin before 10/01/2000, which is the effective date of the program. Eligibility may be retroactive up to 3 months only but no earlier than 10/01/2000.</p> <p>3. Yes, even foster care children on probation are eligible.</p> <p>4. Yes. These children may be placed in aid code 4M if they are no longer eligible for SSI benefits. If, however, they are receiving disability-based SSI benefits, they will remain in the appropriate SSI aid code.</p> <p>5. Yes. In this case, the child will be considered to be in his/her own MFBU.</p> <p>6. These cases should be treated the same as any other Medi-Cal case with regard to confidentiality and sensitive information.</p>

CATEGORY	QUESTION	RESPONSE
ELIGIBILITY continued	<p>7. If the FFCC has a child, would the infant be deemed eligible for Medi-Cal under the FFCC family budget unit?</p> <p>8. If a child was receiving foster care benefits on his/her 18th birthday in another state, is the child eligible to participate in this program if he/she enters California anytime after his/her 18th birthday?</p> <p>9. Does every state offer this program to this population of youth?</p> <p>10. Are foster care recipients that are incarcerated or in a mental institution eligible?</p> <p>11. Are undocumented foster care children eligible for this program?</p> <p>12. Are emancipated minors eligible for FFCC?</p> <p>13. Will a FC recipient who turned 19 in April 2000 be eligible for FFCC?</p> <p>14. What happens if the youth becomes eligible for CalWORKs? How can the youth be tracked to ensure that he/she returns to this new program if/when CalWORKs eligibility stops?</p>	<p>7. An infant born to a FFCC will be considered to be in its own "family unit" and regular Medi-Cal rules will apply.</p> <p>8. If the child is able to prove that he/she was receiving foster care benefits on his/her 18th birthday, then that child will be eligible for Medi-Cal under aid code 4M.</p> <p>9. This is a federal option. It is not clear, however, if all states will be participating.</p> <p>10. Recipients who are incarcerated and or are residing in a mental institution may NOT receive Medi-Cal services during the time they reside in the institution. Benefits will be available when they leave the institution.</p> <p>11. No, undocumented former foster children are not eligible for this program.</p> <p>12. No. Only children that are foster care recipients on their 18th birthday will be eligible for this program. Emancipated minors will have to apply for MN.</p> <p>13. Yes, but not before 10/01/2000.</p> <p>14. The youth has the option to choose CalWORKs over the FFCC program. If the youth is terminated from CalWORKs, he/she can return to the FFCC program. <u>Edwards</u> ETs must clear the automated systems to determine if an 18-21 year old terminating from CalWORKs has received FFCC benefits in the past.</p>
APPLICATION & REDETERMINATION	<p>1. Are these cases considered foster care cases or as Medi-Cal?</p> <p>2. What will the new aid codes be used for?</p>	<p>1. Once transferred from the foster care system, the case will become a Medi-Cal case.</p> <p>2. The new aid code will be used for State tracking of the number of FFCC eligible recipients.</p>

CATEGORY	QUESTION	RESPONSE
APPLICATION & REDETERMINATION continued	<p>3. Will they be required to complete an annual redetermination?</p> <p>4. How will other health coverage be treated?</p> <p>5. What specific type of written verification will be needed in the MC record to establish that a child was receiving FC?</p> <p>6. Are there specific rules regarding FFCC cases that are unique to this program?</p> <p>7. Will this aid code be mandatory?</p> <p>8. Many FC children have large trust accounts. Those accounts often become available on the child's 18th birthday. How will they be treated?</p> <p>9. Will there be a new SAWS case for the MC program at the time of FC discontinuance?</p> <p>10. Will the cases that have been found via outreach be able to be set up with three-month retro eligibility (going back only to 10/01/2000) as with other types of M/C cases?</p>	<p>3. Yes, as required by federal regulation; however, it may consist of a status/ address update and verification of desire to continue eligibility.</p> <p>4. The same procedures apply to this program as with any other M/C program. At conversion or application, the ET must send a DHS 6155 to the FFCC person. However, do not discontinue the case if he/she does not return the form.</p> <p>5. A screen print of either the MEDS or CDS record or a completed 14-74 HHSA.</p> <p>6. While there is no income or asset test, once eligibility is established, "applicable policies and procedures" will apply. The instructions for this case type will be the same as any other M/C case.</p> <p>7. Aid Code 4M is the designated aid code for FFCC cases.</p> <p>8. There are no tests for assets, income or resources. This will not be a consideration.</p> <p>9. No.</p> <p>10. Yes, if a case is located and eligibility is established, it may be entered retroactive up to three months, but not prior to the 10/1/2000 program start-up date.</p>
SYSTEM	<p>1. Is it possible for the state to automatically rollover the Foster Care youth as they turn 18 to state-controlled Medi-Cal and keep them active until they turn 21?</p>	<p>1. An automatic rollover or system change may be possible; however, there are certain criteria that must be met. They do not qualify for 4M until they are no longer FC, which could be when they turn 19 because they were still in school. For now the county must control conversion to 4M.</p>

CATEGORY	QUESTION	RESPONSE
SYSTEM continued	2. It would be possible and plausible to have the foster care worker move the child into the new aid code when he/she is terminated from foster care to expedite the transfer. Can this be programmed in the automated systems?	2. This is a possibility that we are looking into for the future. (We want the client to have some personal contact with the county staff so they don't drop off MC.)
MANAGED CARE	1. Managed Care – Since these youth are very mobile, will managed care be optional and NOT mandatory?	1. Managed care is voluntary.
OUTREACH	<p>1. How will the foster parents be informed of this new program?</p> <p>2. How will 18-21 year old former FC youth that were on FC on their 18th birthday be located if they have moved and are no longer in the system?</p> <p>3. Will there be a new NOA giving information on reporting and usage of the BIC card?</p>	<p>1. DHS/DSS will be conducting outreach to make sure all the appropriate people are educated about the program. HHSA ILS staff will also be conducting outreach.</p> <p>2. DHS is working with DSS on the outreach process to locate these youths.</p> <p>3. A specific granting NOA was not available at implementation. CDHS will develop the NOA</p>
KIN-GAP, TMC, 1931B	<p>1. How will children in the Kin-GAP program be affected by this change?</p> <p>2. Will the children who are moved out of Foster Care and into Kin-GAP be negatively affected? Will this new program serve as a disincentive to move the children out of Foster Care and into Kin-GAP?</p> <p>3. If a FC child is living with a family that is receiving TMC at the time the child turns 18, will FFCC eligibility be affected?</p>	<p>1. Kin-GAP children have had their dependency order dismissed and are no longer considered foster care youth. They are not eligible for this program. They will have to be evaluated for the Medically Indigent, Healthy Families or any other applicable program.</p> <p>2. They may have health care through the other family plans; each case would be different circumstance. It would be up to the FFC to determine this.</p> <p>3. No, the FC recipient will be placed in 4M with no SOC with no limit on assets, resources or income. The FFCC will not be considered part of any other MFBU.</p>



COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

FFCC TRANSMITTAL

DATE: _____

TO: **HM3F at W92**

FROM: _____ **WORKER #** _____

Please evaluate this Former Foster Care Child (FFCC) for ongoing Medi-Cal benefits under aid code 4M.

He/She was discontinued from the Foster Care Program aid-type **40, 42, 45, 4C, 5K** (*circle aid-type*) on _____ when he/she turned 18 years old or graduated prior to 19th birthday.

NAME _____ DOB _____ SSN _____

Current address _____

City _____ ZIP Code _____ Home Phone () _____

- Child is living with:
- ☐ parents
 - ☐ on his own
 - ☐ former Foster Care parent
 - ☐ caretaker relative name _____
 - ☐ former Foster Care child lives with his/her child (packet sent)

APPENDIX E

State of California - Health and Human Services Agency

Department of Health Services

APPLICATION AND STATEMENT OF FACTS FOR AN INDIVIDUAL WHO IS OVER 18 AND UNDER 21 AND WHO WAS IN FOSTER CARE PLACEMENT ON HIS OR HER 18TH BIRTHDAY

COUNTY USE ONLY

Date: _____
Case Name: _____
Case Number: _____
Worker Number: _____
Date Of Discontinuance: _____

☐ New application ☐ Redetermination ☐ Request for retroactive coverage for _____ months
(Eligibility cannot be established prior to 10/1/00)

Name	Date of birth (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number	Have you applied for SSI/SSP?		
Phone Number	<input type="checkbox"/> Yes. Date of application _____		
	<input type="checkbox"/> No		
Address	City	State	Zip
Mailing address (if different)	City	State	Zip
Do you have other medical insurance (through work or parents)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance company: _____ Policy #: _____			
I declare under penalty of perjury under the laws of the State of California that the answers I have given in this application are true and correct to the best of my knowledge and belief.			
Signature _____		Date _____	

Instructions

If you are completing this application it is because you were in foster care when you turned 18. The Foster Care Independence Act of 1999 allows you to receive Medi-Cal benefits at no share of cost until you reach the age of 21. Under this Act, you are not required to show proof of income or resources (such as a car) in order to be eligible for Medi-Cal. You only have to have been in the care of a foster care family or agency when you turned 18.

Once you have completed this form, you will have to mail it to or drop it off at your local county social services department. Check your phone book for the nearest office.

If you move, you will still be eligible for Medi-Cal, but you will have to notify your county eligibility worker of your address change. If you move out of the county that you lived in when you applied, the county worker will have to change the information on your case so that you can continue to get medical coverage without difficulty. If you have any changes in your living arrangements, such as moving back in with your parents or getting married, or if you are pregnant, notify your eligibility worker immediately to report the change. These changes, however, will not affect your eligibility for this program.

If you move out-of-state, you may still be eligible for medical benefits in your new state, but you will have to apply for these benefits in the new state of residence.

MC

250A

(10/01)

APPENDIX F

Continuous Eligibility for Children Questions & Answers by Topic

	Topic	Question	Response
1.	1931(b)	Does CEC provide linkage to parents for Section 1931(b)?	Yes, for a parent to be linked to Section 1931(b) there must be at least one deprived child eligible for a Medi-Cal program with a zero SOC. CEC continues the zero SOC eligibility for the child.
2.	Aid Codes	What aid code should counties use for CEC?	7J (full scope) or 7K (restricted services).
3.	Asset Waiver	A parent reports a settlement in 1/01 and the case is over property. The child is reviewed for asset waiver and is found eligible. The parent later reports updated income information and the child is over the FPL. Can the child have CEC since asset waiver was approved?	Yes, CEC can begin at any time during the CEC period after the <u>first</u> zero SOC month.
4.	Break in Aid	Family received Medi-Cal in another county, and they requested discontinuance 10/31/01. They re-applied in our county 11/15/01. They would now have a share of cost (SOC). Since there was no actual break in aid, we considered CEC. MEDS showed the children had received zero SOC in the other county; we obtained the last redetermination date from the other county. Child was placed in CEC. Was this correct?	Yes. Just want to note, however, that voluntarily withdrawing from the Medi-Cal Program ends the CEC Program. If in this situation there were a break in aid (of at least one month), then CEC would not apply.
5.	Break in Aid	Same as above, except that family moved out of state and lost California residence for two months. Do we consider CEC that may have been established on the previous case?	No.
6.	Break in Aid	Same situation as above, except benefits from the other county stopped 8/31/01. Family is re-applying in our county 11/01, and will have SOC. Should we consider CEC?	No - Question as to why the benefits were discontinued - should the child have been placed in CEC prior to the discontinuance? If the child should not have been discontinued with the rest of the family, then he/she would be entitled to the remainder of CEC benefits from the prior CEC period.
7.	CEC Period	Are there any programs, whereby the child is receiving zero SOC Medi-Cal, which do not <u>trigger</u> a CEC period?	Yes. TMC and CE do not trigger the one-year CEC period. However, if a child loses eligibility for these programs and the CEC period established from the previous case is not up, he/she can receive CEC benefits for the remainder of their CEC period.
8.	CEC Period	How does the CEC period differ from the CEC guaranteed period?	<p>The CEC period is the one-year period that begins with the latter of the initial eligibility determination or first month impacted by the annual redetermination.</p> <p>The CEC guaranteed period is the period of time in which the child is entitled to receive CEC benefits within the one-year CEC period.</p>

APPENDIX F

	Topic	Question	Response
9.	CEC Period	How would the CEC period be determined in the following situation? A family applies for Medi-Cal in January and is determined eligible with zero SOC, on the 1931(b) Program, for example. In May, they go on to the 4-month Continuing Eligibility Program. That continues for June, July, and August. In September, when the case is re-evaluated, the family is determined to have a SOC. Does a CEC guaranteed period begin at that point, based on the fact that they are still within the CEC one-year period that began in January and the zero SOC eligibility that they had prior to going on the 4-month Continuing Eligibility Program?	The one-year CEC period begins with the month of application, in this example, say January 2001 and it would end in January 2002. Presuming that you used the term CEC guaranteed period to mean the months following a zero share of cost determination (in this example, May 2001) and ending in the last month covered by that annual redetermination (in this example, January 2002). So, therefore, you are correct - the child is entitled to CEC until January 2002 (the rest of the CEC period).
10.	CEC Period	If the CEC child is still eligible for zero SOC at the annual redetermination, does this start a new CEC period?	Yes. However, if at the annual redetermination the child is eligible for SOC, then a new period does not start until the child is determined eligible for zero SOC.
11.	CEC Period	Scenario: Family applied in 11/00. The only eligible child received zero SOC MC until 7/01 (200% from 11/00 to 12/00 and 133% from 3/01 to 7/01). An income change was reported in 7/01 and the child is over 133%. What triggers a CEC period?	The CEC period is from the month of application to RV (11/00 - 11/01). Therefore, the child would be eligible for CEC from 8/01 - 11/01 (the end of the one-year period). The child becomes entitled to CEC when assessed a SOC, so instead of getting SOC MC the child would get CEC until the RV is due.
12.	CEC Period	What constitutes the CEC (guaranteed) period?	The CEC guaranteed period is the period of time in which the child receives CEC benefits under 7J or 7K within the one-year CEC period.
13.	CEC Period	When a child is granted CEC and subsequently becomes eligible to a Percent Program, do we switch him to the Percent Program or leave him on CEC? What about when he becomes eligible to 1931(b)? Do we switch him to 1931(b) or leave him on CEC? What about when he becomes eligible for an aid code 82? Switch or leave on CEC?	Children can switch to other no-cost Medi-Cal programs during the CEC period. Switch the child to the appropriate no-cost aid code.
14.	Confidentiality	We have had cases where a Medi-Cal child has left a home, and we do not know where the child is. We have, through telephone calls, located the child living with relatives, but find that we are put in the position of explaining our phone call to the relative. How can we tell the relative that the child is a Medi-Cal recipient? How much can we tell the relative?	The child is a minor and under the care of the person they are living with. There are no confidentiality issues here.
15.	Confidentiality	When a child moves out of the home - and into the home of another parent/caretaker - based on confidentiality regulations how is the child moved into another case as we are not allowed to contact the other parent or caretaker?	Confidentiality regulations do not apply to the parents or caretaker relatives of a child. The custodian of the child may be contacted.
16.	Continued Eligibility (CE)	A child is born in December and is added to the existing zero SOC case. In March, the family is determined to have a SOC. Do we put the child in CEC?	No. CE has priority over CEC; the child is eligible for CE for up to one year from the date of birth.
17.	Continued Eligibility (CE)	Can a period of CEC follow a period of CE if there are months remaining from the last positive determination of eligibility to the next R/V?	Yes

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Topic	Question	Response
18. Continued Eligibility (CE)	Scenario: The pregnant mother is approved effective February 1, 2001, and her child is born in October 2001. In February of 2002, the R/V confirms that the MFBU is still below the 200% FPL. In August 2002, the MFBU reports an increase that moves the child to CE. In October 2002 (when CE ends), it is determined that the MFBU income is too high for the 133% FPL Program. There are still four months remaining from the last positive determination of eligibility (02/02) until the next R/V (02/03). Is CEC appropriate for the months of November 2002 through February 2003?	Yes. In this scenario, CE would end in October. The child would be eligible for CEC until the redetermination month - in this case 2/03. In 9/02 the child would have been assessed a SOC. At the redetermination in 2/02, child was entitled to zero SOC Medi-Cal that began the CEC period and therefore the child could only receive CEC from 11/02 - 2/03.
19. Failure to Comply	Can CEC end when the child becomes ineligible for Medi-Cal for non-cooperation reasons (other than those related to income and resources)? <ul style="list-style-type: none">• Failure to provide a social security number• Failure to apply for potentially available income• Failure to provide other health coverage information• Failure to cooperate with IEVS etc....• Not returning verification (other than that related to income or resources)• Failing to provide residency information	Non-cooperation would only occur during an eligibility determination. In order to receive CEC, a child must already be determined eligible to zero SOC Medi-Cal. If an individual did not cooperate with the eligibility determination for the child for one of these reasons, they would not have completed the eligibility determination process and the child would not be eligible for CEC.
20. Failure to Comply	Is CEC intended to protect children only from financial ineligibility? Or does it also cover other reasons for discontinuance, like failure to comply with the annual redetermination?	CEC means that the child is guaranteed eligibility regardless of changes in income and resources. Other things could affect eligibility (whereabouts unknown, client's request, no SSN, loss of residency or failure to provide information not related to income or property). There is no requirement to do a redetermination prior to the annual redetermination date. Therefore, once the year is up, normal redetermination rules apply and the child could be cut off if the family did not comply with the redetermination process.
21. Family Support	When a CEC child remains in a case - where they no longer live: active DA/Family Support stated that they cannot pursue support - because the responsible caretaker is no longer responsible to provide support information or cooperate as the child is no longer with him/her. What do we do about MED Support requirements when a child leaves the home? The child may no longer be in the control of the original caretaker relative. He/she may have returned to another parent, but we may not know it. Or moves in with a caretaker other than a parent. This is causing problems with DA Family Support, whose cases are driven by who the absent parent is and who is the custodial parent.	Regardless of whom the child is living with, as long as the child remains a resident of California, he/she will continue to be eligible for benefits. Changes in custody should be reported to DA Family Support. Follow the procedures as outlined in MPG 4-18. In certain circumstances, the child may now be considered an Adult Child and, therefore, a referral to FSD would no longer be required.
22. Foster Care	Child is receiving foster care for several years. RVs are every six months. RV was completed 12/00. Next RV is 6/01. Child is returned home March 16, 2001. Parents apply for MC March 21, 2001 and they have a SOC. Is this child eligible for CEC until 6/01 or until 2/02?	The child would be eligible for one year from the last Foster Care redetermination date. In this case 12/01.

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	Topic	Question	Response
23.	Foster Care	Does CEC apply to children under 19 who are discontinued from Foster Care?	Yes. Whenever a child under 19 loses Foster Care eligibility and does not qualify under the Extended Medi-Cal Eligibility for Former Foster Care Child (FFCC), CEC is applicable. The county must transition the foster care youth to the CEC Program after being terminated from foster care without requiring a new application (follow the ex parte process as outlined in MC SN 01-12). The child is entitled to CEC until the next annual redetermination, which shall be 12 months from the last Foster Care redetermination.
24.	Foster Care	Does CEC apply if a child leaves Foster Care and their whereabouts are unknown?	No. If a child's whereabouts are unknown, the county should keep or place the child into aid code 38 (formerly Edwards) and follow the SB 87 process to determine whether there is a loss of contact. If there were a loss of contact, CEC would not apply. However, if the child's whereabouts become known, then CEC would apply.
25.	Foster Care	If the parents of any of these children do not apply, can the social worker complete an application on the child's behalf in order to receive CEC?	Yes, if the parents want Medi-Cal to continue for the child. If the parents' request that the child's Medi-Cal discontinue, then CEC would not apply.
26.	Foster Care	Scenario: Child has received Foster Care for 13 months. RVs are every six months for Foster Care. The RV was completed in February. The child returns to the natural parents' home. Do the parents have to apply for Medi-Cal in order for the child to be CEC qualified? If not, how do we process this case? New case number? How do we secure the application if it has to be a new case number?	No. However, the parents have the option of whether or not they want Medi-Cal for their child. If the parents want Medi-Cal to continue: Set up a new case for the Foster Care child., using the CEC aid code and following the SB 87 ex parte process to gather information. A new application is not required. Since the RV was completed in February 2002, the one year period would end in January 2003.
27.	Intercounty Transfers	How should the counties handle intercounty transfers of cases when children are in a 12-month CEC period?	If the case contains only a CEC child, no other information can affect the child's eligibility in the receiving county except for situations listed in MPG 5-2 for CEC. The former county must ensure the CEC child's no share-of-cost continues during the ICT period and not discontinue the child's no share-of-cost benefits until the receiving county has placed the child in CEC or another zero SOC Medi-Cal aid code in the new county. The CEC child should continue to receive zero SOC Medi-Cal in the new county for the remainder of the CEC period.
28.	MFBU	According to Medi-Cal regulations regarding the MFBU - when a child moves out of the home - he/she is no longer continued on aid - he/she is discontinued. Should CEC continue for this individual?	Yes - CEC should continue without regard to changes in circumstances; therefore, the child should continue to be eligible even if the child moves out of the home. Unless there has been a request for withdrawal or whereabouts are unknown.
29.	MFBU	Are CEC children considered ineligible on other cases?	No. The child should remain as an eligible member of the MFBU.

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	Topic	Question	Response
30.	MFBU	Would it be appropriate to ask that when a child moves out of the home - if the parent/caretaker wishes Medi-Cal to continue for that child?	Yes, the ET may ask the caretaker relative if they wish Medi-Cal to continue for the child.
31.	Minor Consent Services	Are State-Only Minor Consent Services eligible for CEC?	No.
32.	Minors	Are "independent minors" (living on their own, away from parents and under age 19) entitled to CEC protection?	Yes.
33.	Minors	<p>If a CEC guaranteed period were established on a parent's case and the minor moves out and establishes his/her own case, would CEC apply?</p> <p>For example: Family applied in 11/00. The only eligible child received zero SOC MC until 7/01. Mom reported child moved out of the home in 7/01. The child who moved out would be discontinued from the family's case 7/31 and would continue receiving CEC in his or her own case effective 8/01 until the end of the period 10/01. CEC period on family's case 11/00 - 10/01.</p>	Yes.
34.	Redetermination	<p>A 4/01 RV was not processed (overdue). In 6/01, the family called to state that the mother returned to the home. A new Statement of Facts was completed, the mother was added to the case, and the child was determined to have a SOC.</p> <p>Is this child entitled to CEC, as the RV date was past due and if done timely would have had zero SOC, until the mother was added to the case?</p>	<p>Yes. The CEC period for the child 4/01 – 4/02 regardless of when the RV was done.</p> <p>As the RV was not completed timely, the ET is responsible for reviewing the information in the RV month, and for each month until the RV was actually completed to determine if CEC is applicable. The CEC period and the RV period should be aligned regardless of when the RV was actually completed.</p> <p>The ET must review each month of eligibility for the months from the time the RV should have been done to when it was actually done.</p> <p>For example: RV due in 4/01, completed in 7/01. Child would have been eligible to zero SOC Medi-Cal until 6/01 when there was an increase in family income. This is because had the family's RV been completed timely, then the child would have had the CEC period from 4/01-4/02. The addition of a person in 6/01 resulted in a SOC, and therefore made the child entitled to CEC until 4/02. The new information and SOC would not affect the child until the CEC period ends 4/02.</p>
35.	Redetermination	A family applies in January 2001 and is approved. A one-year CEC period runs from January 2001 through January 2002. The annual redetermination is completed early in October 2001. The original CEC period still runs through January 2002, but a new one-year CEC period begins in November 2001 and runs through the following November (2002). Therefore, the two CEC periods overlap during the months of November and December 2001 and January 2002. Is that correct?	<p>No. The CEC period for the child is 1/01 - 01/02 regardless of when the RV was done.</p> <p>In your example, the CEC period would end in 01/02. A new CEC period would not begin until the child was assessed zero SOC. The periods do not overlap.</p> <p>In this scenario, the new annual redetermination date would be 10/02.</p>

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	Topic	Question	Response
36.	Redetermination	Based on the last annual redetermination conducted in January 2001, a family is in the Medically Needy program with a SOC as of February (RV month). The family became eligible for Section 1931(b) in June 2001. In September 2001, the family reports an income increase and moves back to MN SOC for October 2001. At this point, is the child eligible for CEC?	Yes. The child will receive CEC for the remaining months of October through January.
37.	Redetermination	Does the redetermination for CEC only mean the annual redetermination, or does any budget/property change that affects the case during the year count as a redetermination?	It means only annual redetermination, the one-year CEC period is not reset, even if there is a reevaluation. To illustrate - an application was filed 4/01 - the CEC period would begin 4/01 and end 4/02. The next CEC period would be from 4/02 - 4/03 and so on.
38.	Redetermination	How do we handle families, when parents are discontinued and the children go on CEC, then months later before the redetermination is due, the parents call and request to be put back on. Is it permissible to pull up the redetermination earlier?	No. When the parents request to be added back to the case, get updated information. The RV date does not change, for example: Mom, Dad, and a child are on MC with a zero SOC and the RV is due 11/01. Mom and Dad report a change and they are discontinued from Medi-Cal in 4/01; the child is placed in CEC. In 8/01, Mom and Dad request to be added back into the case. When adding the parents back into the case, a SOC is assessed - the child remains in CEC for the remainder of the period.
39.	Redetermination	Is it correct to assume that if a SOC increase is determined at the annual redetermination that CEC does not apply?	Yes. CEC does not apply.
40.	Redetermination	What is the definition of redetermination for CEC?	The Annual Redetermination.
41.	Residency	If a family moves out of CA, will the whole family lose Medi-Cal including the CEC eligible child?	Yes.
42.	Residency	Residency becomes an issue - especially when the child moves out and the whereabouts are unknown - or when the parent/caretaker reports that the child moves out and then does not provide information of where the child is.	If the child's whereabouts are unknown, the county may send a notice discontinuing benefits, but if the individual's whereabouts become known, eligibility must be reinstated for that child.
43.	Retroactive Medi-Cal	Does a CEC period begin in the month of application if CEC requirements are met in that month?	CEC begins in the month of application unless the individual was determined eligible for Medi-Cal in one of the three preceding retroactive months. If the individual was determined eligible in one of the three retroactive months, then CEC begins on the first day of the month that the individual was determined eligible.

APPENDIX F

	Topic	Question	Response
44.	Retroactive Medi-Cal	<p>Scenario: A single mother with a 5 year-old child applies for Medi-Cal in January and is only eligible for Medically Needy share of cost (income is too high for either Section 1931(b) or the 133 Percent FPL Program). In April, the mother realizes the child had a medical service in December and applies for retroactive coverage for December. The county determines that the mother's income in December is under 133 percent of the FPL and the child is put in that Percent Program which is one of the programs covered by CEC.</p> <p>a) Does CEC begin for the child in December?</p> <p>b) If yes, does it run for one year and end before the annual redetermination is due?</p> <p>c) If yes, assume there is a similarly situated child (child 2) who has a share of cost in the month of application, but does not have a medical expense in a retroactive month. Isn't there an inequity between the child who is eligible for CEC based on retroactive eligibility and this child 2 who also has a share of cost in the month of application, but who didn't have a medical expense in a retroactive month and is precluded from CEC beginning in a retroactive month?</p>	<p>a) Yes</p> <p>b) Yes, it runs one year from the December determination and would end in December.</p> <p>c) Maybe an inequity, but according to the State, this scenario would not violate comparability because all children who meet the criteria for retroactive eligibility would receive comparable treatment.</p>
45.	Retroactive Medi-Cal	<p>Since the client has up to a year to apply for retroactive Medi-Cal, are we required to go back and adjust all prior months of eligibility when the client did not request retroactive Medi-Cal at the time of application?</p> <p>Assume that a single mother with a 5 year-old child applies for Medi-Cal in January and is only eligible for Medically Needy share of cost (income is too high for either Section 1931(b) or the 133 Percent FPL Program). In August, the mother realizes the child had a medical service in December and applies for retroactive coverage for December. The county determines that the mother's income in December is under 133 percent of the FPL and the child is put in that Percent program, so the CEC period would begin in December and end in December.</p> <p>At this point, since the client has had a SOC since January - do we have to go back and give the child CEC from January through November?</p>	<p>Yes. The county would have to make the child continuously eligible from December and would have to follow normal procedures to adjust the SOC to zero. In addition, the ET would have to follow the procedures outlined in MPG 12-1 for processing cases when a SOC has been reduced retroactively.</p>
46.	SSI Children	Are SSI children entitled to CEC?	Yes. DHS is currently working with ITSD to have this process automated.

APPENDIX F

	Topic	Question	Response
47.	TMC	How does CEC impact TMC and when does it start?	<p>CEC does not impact TMC. CEC can only follow TMC if the one-year CEC period is not up and TMC is no longer applicable. If the one-year CEC period is up, then the CEC is not applicable.</p> <p>For example, the family's annual redetermination is due 2/02. Family reports increased income 5/01. They receive the 1st 6 months of TMC (aid code 39). They turn in the TMC status report and are over the 185% income limit. They would not be entitled to the 2nd 6 months of TMC. At this point, since the annual redetermination has not been conducted, then the child could get CEC for the remainder of the one-year CEC period (12/01 - 2/02).</p>
48.	TMC	Scenario: A family is just ending their first year of TMC and an annual redetermination is conducted in the 12 th month of TMC. The prior annual redetermination occurred before TMC began. The parents are eligible for a 2 nd year of TMC. Would the children be eligible for CEC?	No. When a child is discontinued from TMC, CEC does not apply based on zero SOC coverage under TMC.
49.	TMC	What happens when TMC ends at the end of the 1 st year?	<p>Once the child has gone through the first year of federal TMC under aid codes 39 and 59, he/she must be evaluated for some regular Medi-Cal program.</p> <p>CEC follows TMC depending on whether or not the CEC period is up (RV is due). Otherwise the beneficiary would just go to another zero SOC aid code or possibly bridging if applicable.</p>
50.	Whereabouts Unknown	Are we obligated to try to find these children if nobody reports their whereabouts? On the other hand, do we just follow ex parte whereabouts procedures?	The county is not obligated to find the child. It is the caretaker relative's responsibility to report a change in the child's residency. However, the county must reinstate the child if his/her whereabouts become known.
51.	Whereabouts Unknown	Do we continue the children's CEC benefits if the whereabouts of the household/child is unknown?	No. However, follow SB 87 process for loss of contact.
52.	Withdrawals	Beneficiary requests discontinuance of Medi-Cal, do we continue CEC for the child?	No.

CHDP Gateway Deemed Eligibility For Infants – Questions and Answers

CEC

Question: When a deemed eligible infant in aid code 8U has ongoing eligibility determined and there is a Share of Cost (SOC), is the infant eligible to the Continuous Eligibility for Children (CEC) Program?

Answer: CEC is based on the ongoing eligibility determination made by the county, not the deemed eligibility determination through CHDP Gateway. If the mother had SOC Medi-Cal in the birth month and income was incorrectly reported on the CHDP Gateway application as within 200% of the FPL, the infant would be eligible to SOC Medi-Cal beginning in the birth month. In this case, CEC is not applicable. In all other scenarios where the infant was eligible to zero SOC Medi-Cal beginning with the birth month or any month before the infant turns one, the infant is eligible to CEC.

SSI Mom

Question: What documentation is needed to activate the infant if the mom is on Supplemental Security Income (SSI)?

Answer: No documentation is needed. Workers are to include a MEDS screen print of the mother's SSI eligibility in the case file and activate the infant under the 200% FPL Program.

Deemed Eligibility Criteria

Question: Why must the mother be eligible in a federal aid code for the infant to be deemed? Shouldn't deemed eligibility apply to infants born to mothers active on Medi-Cal in any aid code (3V, 48, 5F, etc.)?

Answer: Deemed eligibility is a federal provision. Federal financial participation is available for emergency services, including labor and delivery, which includes aid codes 3V, 5F, 48 and 58. Infants born to mothers in these aid codes would be eligible to deemed eligibility. Minor Consent aid code 7N, which is limited to pregnancy and family planning is also a federal aid code.

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SOC

Question: Why is the deemed eligible infant's MEDS record set up with an uncertified SOC in the month of birth if the mother's SOC is certified?

Answer: MEDS is designed to automatically certify the infant's SOC when the county adds the infant to the mother's case. In the meantime, the provider still has the option of billing for services under the mother's Benefits Identification Card (BIC) for the month of birth and the following month.

MEDS Record

Question 1: Will MEDS allow eligibility reported retroactively from the county to overlay the deemed eligibility aid code on the primary segment in MEDS?

Answer 1: Yes, eligibility reported retroactively from the county will overlay any months with aid code 8V in the primary segment.

Question 2: Why doesn't the 8U aid code automatically terminate at the end of the month the child turns one year old?

Answer 2: The rules of Senate Bill (SB) 87 do not allow an automatic termination or denial. SB 87 procedures must be followed before Medi-Cal benefits of a deemed eligible infant can be discontinued.

Question 3: What if the county determines the infant is ineligible for ongoing Medi-Cal? The deemed eligibility aid code 8U will never terminate on MEDS.

Answer 3: Deemed eligible infants must be activated on the county system with a regular Medi-Cal aid code and then discontinued with timely notice if determined ineligible for ongoing benefits. The discontinuance action will terminate the 8U aid code.

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Dual Applications

Question: If an infant is already on accelerated eligibility (8E), will the infant also be enrolled through CHDP Gateway deemed eligibility? Will the 8E change to 8U? Does this change the application date?

Answer: A deemed eligible infant already enrolled in aid code 8E may also be enrolled through the CHDP Gateway. The 8U aid code will overlay 8E eligibility in the MEDS ACCEL segment. There will be no change to the existing application date in MEDS.

Mother's CIN

Question: Why doesn't the State add the mother's Client Index Number (CIN) to the Deemed Eligibility/Exception Eligible report? This information would make it easier to identify the mother's county case number.

Answer: The county Exception Eligible report has reached its maximum capacity for displayed data elements. Adding new data elements would require redesigning the report. DHS will consider this in future revisions of the report. **However, the MEDS daily alerts do include the mother's CIN. Working the alerts timely will eliminate the record from showing up on the Exception Eligible report.**

Step-by-Step MEDS Instructions

Question: Can DHS provide step-by-step MEDS instructions for transactions CHDP Gateway deemed eligible infants?

Answer: DHS will issue step-by-step MEDS instructions in the future.

Whereabouts Unknown

Question: Assume that we have a case in which the deemed eligible infant is never added because the whereabouts of the mother is unknown and we are unable to contact her to confirm information on the EE report. We will receive a MEDS alert when the infant turns one, which will require a complete evaluation and impact Intake staff.

Answer: The infant is to be added to the mother's case upon receipt of the daily alert. The mother and infant may be discontinued for whereabouts unknown after SB 87 procedures have been followed. This will eliminate the MEDS alert when the infant turns one.
